



TEXAS DEPARTMENT OF INSURANCE

Property and Casualty Section – Windstorm Inspections Program

Mail Code 103-1E, 333 Guadalupe Street • P.O. Box 149104, Austin, Texas 78714-9104

512-322-2203 or toll free 1-800-248-6032 • 512-322-2273 fax • www.tdi.texas.gov

Inspection Verification for Alternative Certification Form WPI-2-AC

I am a professional engineer licensed to practice in the State of Texas and am a qualified inspector appointed by the Texas insurance commissioner to perform inspections in accordance with Insurance Code §2210.251 and 28 Texas Administrative Code §5.4604 and §5.4608. I am personally responsible as the engineer-of-record for the windstorm inspection of this project and I have provided standard and customary construction review services including an inspection or inspections by myself or an employee under my direct supervision for:

- ☐ Entire Re-Roof, as defined in 28 TAC §5.4924(1).
(Type/Brand): _____
☐ Re-decking (*select option below*)
☐ Entire ☐ Partial-location: _____
- ☐ Exterior wall coverings for the entire structure, as defined in 28 TAC §5.4924(3).
(Type/Brand): _____
- ☐ Windborne debris protection for all exterior openings, as defined in 28 TAC §5.4924(2). *Includes shutter systems and other impact-resistant products, except for wood structural panels. Exterior openings include exterior doors, windows, garage doors, skylights, and other openings.*
(Type/Brand): _____

Comments: _____

The building is located at: (Complete 9-1-1 Street address including house/building number):

Street Address: _____ City: _____ County: _____

I certify that the building component was designed and inspected in compliance with the wind load provisions of:

International Residential Code: ☐ 2000 ☐ 2003 ☐ 2006 (Amended with 2000, 2003 or 2006 Texas Revisions)

The design conditions used were:

Wind Speed (3-second gust): ☐ 110 mph (*required for Inland II*) ☐ 120 mph (*required for Inland I*) ☐ 130 mph (*required for Seaward*)

Exposure Category: ☐ B ☐ C ☐ D

Date(s) of Inspection(s): _____

I understand and intend that TDI will rely upon this statement of compliance in determining whether to issue an Alternative Certification for the component and to notify the Texas Windstorm Insurance Association that the building/structure is eligible to maintain coverage in the alternative eligibility program.

Insert seal (stamp or ink)

Name (please print or type)

Signature

Texas Registration Number

Address

Date

City, State, Zip

Business Telephone

Under Article 21.47, Insurance Code, a person commits an offense if the person knowingly or intentionally makes, files, or uses any instrument in writing required to be made to or filed with TDI or the insurance commissioner, either by the Insurance Code or by rule or regulation of TDI, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact. In this context, "TDI" includes any association, corporation, or person created by the Insurance Code. An offense under this article is a felony of the third degree.

Access and Correction of Personal Information

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect.

For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal and Regulatory Affairs Program at AgencyCounsel@tdi.state.tx.us or you may refer to the [Corrections Procedure section](#) on our websites.